APPROVED Criteria

Effective Date: April 19, 2004
Revised Dates: April 10, 2013
April 11, 2012

CRITERIA FOR PRIOR AUTHORIZATION

Anakinra

PROVIDER GROUP Pharmacy

MANUAL GUIDELINES The following drug requires prior authorization:
Anakinra (Kineret®)

CRITERIA FOR RHEUMATOID ARTHRITIS (RA): (must meet all of the following)

- Patient must have a diagnosis of rheumatoid arthritis
- Must be prescribed by a rheumatologist
- Evaluation for latent tuberculosis (TB) with TB skin test prior to initial prior authorization approval
- Patient must be 18 years of age or older
- Patient has not taken another biologic agent (see attached table) in the past 30 days
- Must have a complete blood count, including neutrophil counts prior to initiation of therapy
- Must have documentation of inadequate response, contraindication, allergy, or intolerable side effects to at least one Disease-Modifying Anti-Rheumatic Drug (DMARD) (see attached table)

CRITERIA FOR CRYOPYRIN-ASSOCIATED PERIODIC SYNDROMES (CAPS): (must meet all of the following)

- Patient must have a diagnosis of Neonatal-Onset Multisystem Inflammatory Disease (NOMID)
- Evaluation for latent TB with TB skin test prior to initial prior authorization approval
- Patient has not taken another biologic agent (see attached table) in the past 30 days
- Must have a complete blood count, including neutrophil counts prior to initiation of therapy

RENEWAL CRITERIA: (must meet initial criteria for respective indication in addition to the following)

- Must have a complete blood count, including neutrophil count in the past 90 days if renewal is within the first year of therapy

LENGTH OF APPROVAL 6 months

Biologic Agents	
Generic Name	**Brand Name**
Abatacept	Orencia®
Adalimumab	Humira®
Alefacept	Amevive®
Anakinra	Kineret®
Certolizumab	Cimzia®
Golimumab	Simponi®
Infliximab	Remicade®
Natalizumab	Tysabri®
Rituximab	Rituxan®
Tocilizumab	Actemra®
Ustekinumab	Stelara®

DMARDs	
Generic Name	**Brand Name**
Methotrexate	Trexall®
Hydroxychloroquine	Plaquenil®
Sulfasalazine	Azulfidine®
Leflunomide	Arava®
Azathioprine	Imuran®